



Registration Form

Please Print Clearly



City of Ionia Department of Parks and Recreation

Program Registration Information

Parent &/or Legal Guardian Information Resident _____ Non Resident _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Emergency Contact: _____

Participant Information

First Name	Last Name	Birthdate	Program	Division	Shirt Size	Fee

*IF there are any medical conditions or special accommodations that we need to be aware of, then please list them below:

Waiver of Liability

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program (s) or event (s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District., I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against The City of Ionia, department of Parks and Recreation, the Ionia School District., any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES INCLUDING DISABILIATING INJURY AND / OR DEATH OR DAMAGES WHICH I, MY CHILD, WARD OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

Signature: _____

* Please note any necessary information. If more room for instructions and/or details is needed, then please use the back side of this page.

Office Use Only

Fee Paid: _____
Cash: _____ Check: _____ Credit: _____
Received on: _____ Initials: _____
Helping Hands Subsidy: _____